

PLACE OF BIRTH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 125	
ORIGINAL CERTIFICATE OF BIRTH		Co. Register No. 399	
County of <u>Gila</u>	District of <u>Hayden</u>	Local Registrar's No. _____	Ward _____
Town of _____	City of _____	(No. _____ St; _____)	
FULL NAME OF CHILD <u>Jamesee Guesada</u>		Born <input checked="" type="checkbox"/>	YES
If child is not named, make Supplemental Report on blank obtainable from local registrar.		Allive <input checked="" type="checkbox"/>	NO
Sex of Child <u>M</u>	Twin, Triplet or other <input checked="" type="checkbox"/>	and	Number in order of birth _____
Legitimacy <u>Yes</u>	Date of Birth <u>Aug 22</u>	191 <u>8</u>	
Month _____	Day _____	Yr. _____	
FATHER		MOTHER	
Full Name <u>José Guesada</u>	Full Maiden Name <u>Maria Leon Guesada</u>		
Residence <u>Hayden</u>	Residence <u>Hayden</u>		
Color or Race <u>Mex</u>	Age at last Birthday <u>29</u>	Age at last Birthday <u>18</u>	
Birthplace <u>Mex</u>	Birthplace <u>Mex</u>		
Occupation <u>Lab. (Hayden Mill)</u>	Occupation <u>Housewife</u>		
Number of child of this mother _____		Number of children, of this mother, now living _____	
Were precautions taken against Ophthalmia neonatorum? <u>Yes</u>			
CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*			
I hereby certify that I attended the birth of above child; and that it occurred on <u>Aug 22nd</u> 191 <u>8</u> at <u>1030 A.M.</u>			
*When there is no attending physician or midwife, then the householder should make this return.		(Signature) <u>Charles J. Bonam</u>	
Given, or christian name added from a supplemental report _____ 191 <u>8</u>		Address <u>Hayden</u>	
671-822-471		LOCAL REGISTRAR. <u>B. J. Fox</u>	
COUNTY REGISTRAR.		COUNTY REGISTRAR.	

Filed 8/24 1918

Filed Sep 9 1918

A True Copy